

**RADIATION MACHINE REGISTRATION**

**Requirement:** Every person having physical possession or control of a radiation machine capable of producing radiation in the State of California shall complete a separate registration form for each installation within 30 days of acquisition of each radiation machine. A radiation machine is any device capable of producing X-rays when its associated control devices are operated. Each registrant shall report, within 30 days, any change in the registrant's name, address, location of the installation, or the receipt or transfer of a radiation machine.

**Initial Registration**

Name of registrant		Nature of business or professional specialty		Taxpayer Identification Number	
Mailing address of registrant (number and street or P.O. Box)			City	State	ZIP code
Location of installation (number, street)		City	ZIP code	Telephone number (installation) ( )	

**Changes to Registration Information**

Registration number		Total number of tubes possessed			
New name of registrant		New nature of business or professional specialty		New Taxpayer Identification Number	
New mailing address of registrant (number and street or P.O. Box)			New city	New state	New ZIP code
New location of installation (number, street)		New city	New ZIP code	New installation telephone number ( )	

**The information submitted on this form with its attachments is true and correct to the best of my knowledge.**

Name		Title	
Telephone number ( )	Fax number ( )	Email address	
Signature		Date	

Use the appropriate code number shown below when updating an attached machines inventory form.

Healing Arts Users	Code	Type
Bone Densitometry	32	XBD
Chest Photofluorography	04	XCH
CT Scanner	02	XCT
Dental	09	XDN
Dental CT Scanner	46	XDT
Fluoroscopy Only	05	XHF
Mammography	36	XMF
Interventional Mammography	39	XMJ
Research Mammography	44	XMR
Specimen Only Mammography	31	XMB
Radiography Only	01	XRA
Radiography Fluoroscopy Combination	33	XRF
Simulator	34	XSM
Therapy greater than 500 kVp	08	XTL
Therapy from 150 kVp to 500 kVp	07	XTM
Therapy less than 150 kVp	06	XTS
Veterinary Fluoroscopy	11	XVF
Veterinary Radiography	10	XVR
Veterinary Therapy	12	XVT

Industrial and Research Users	Code	Type
Accelerator equal to or greater than 10 Mev	20	XAL
Accelerator less than 10 Mev	19	XAS
Diffraction/Fluorescence	15	XDF
Electron Microscope	14	XEM
Industrial Fluoroscopy	18	XNF
Portable Radiography	17	XRP
Shielded Room Radiography	16	XRS
Cabinet Radiography	16	XRS

Mail completed form and inventory attachment to:

California Department of Health Services  
Radiologic Health Branch  
MS 7610  
P.O. Box 997414  
Sacramento, CA 95899-7414

For more information, go to [www.dhs.ca.gov/rhb](http://www.dhs.ca.gov/rhb) or phone (916) 327-5106.

**MACHINE INVENTORY**

Use the appropriate code number shown on the registration form when updating this machines inventory.

Name of registrant		Registration number	
Room number or storage location		Number of tubes	Type of use code
Manufacturer	Model name and number		
Control serial number		Date of transfer or disposal (mm/dd/yyyy)	
		<input type="checkbox"/> Added <input type="checkbox"/> Deleted	
Received from, transferred to, or disposed at		<b>RAD HEALTH USE ONLY</b> Machine ID number	
Room number or storage location		Number of tubes	Type of use code
Manufacturer	Model name and number		
Control serial number		Date of transfer or disposal (mm/dd/yyyy)	
		<input type="checkbox"/> Added <input type="checkbox"/> Deleted	
Received from, transferred to, or disposed at		<b>RAD HEALTH USE ONLY</b> Machine ID number	
Room number or storage location		Number of tubes	Type of use code
Manufacturer	Model name and number		
Control serial number		Date of transfer or disposal (mm/dd/yyyy)	
		<input type="checkbox"/> Added <input type="checkbox"/> Deleted	
Received from, transferred to, or disposed at		<b>RAD HEALTH USE ONLY</b> Machine ID number	
Room number or storage location		Number of tubes	Type of use code
Manufacturer	Model name and number		
Control serial number		Date of transfer or disposal (mm/dd/yyyy)	
		<input type="checkbox"/> Added <input type="checkbox"/> Deleted	
Received from, transferred to, or disposed at		<b>RAD HEALTH USE ONLY</b> Machine ID number	
Room number or storage location		Number of tubes	Type of use code
Manufacturer	Model name and number		
Control serial number		Date of transfer or disposal (mm/dd/yyyy)	
		<input type="checkbox"/> Added <input type="checkbox"/> Deleted	
Received from, transferred to, or disposed at		<b>RAD HEALTH USE ONLY</b> Machine ID number	
Room number or storage location		Number of tubes	Type of use code
Manufacturer	Model name and number		
Control serial number		Date of transfer or disposal (mm/dd/yyyy)	
		<input type="checkbox"/> Added <input type="checkbox"/> Deleted	
Received from, transferred to, or disposed at		<b>RAD HEALTH USE ONLY</b> Machine ID number	

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